

South Dakota Uniform Truck/Bus Supplemental Form

Mail To: Department of Transportation, Accident Records Program, 700 East Broadway Ave., Pierre, SD 57501-2586

This form must be used to supplement the State of SD Investigator's Motor Vehicle Traffic Accident Report if the accident involved at least one condition from each box below:

The Accident INVOLVED one or more of the following:

- * a truck having 6 or more tires; OR
- * a vehicle displaying a hazardous material placard; OR
- * a bus designed to carry 16 or more, including driver.

The Accident RESULTED in one or more of the following:

- * a fatality; OR
- * an injury requiring transportation for immediate medical attention; OR
- * one or more involved vehicles had to be towed from the scene as a result of disabling damage or had to receive assistance to leave.

Driver Information

Full Name (Last, First, Middle)

Motor Carrier Information

NOTE: If NOT a motor carrier, enter NONE in Carrier Name blank

Interstate

Commerce? Yes ☐ No ☐

Carrier Name

Source (circle one number) 1. Shipping papers 2. Vehicle side 3. Driver 4. Other

Carrier mailing address (Street or P.O. Box)

City, State, Zip

Carrier Identification Numbers? Yes ☐ No ☐

US DOT ICC MC STATE NO. STATE

Vehicle Information

Gross Vehicle Weight Rating (GVWR)

A. Truck, tractor or bus

B. Trailer or trailers (total)

Total GVWR for unit (A+B)

Total number of axles

Hazardous Material Involvement

Did vehicle have a Haz/Mat placard? Yes ☐ No ☐

If Yes, include following information from placard

A. Name or 4-digit number from diamond or box

B. The 1-digit number from bottom of diamond

Was hazardous material released from THIS vehicle's cargo? Yes ☐ No ☐

Vehicle Configuration (circle one number)

- | | | |
|--|---------------------------------|---------------------------------|
| 1. Bus | 4. Truck with trailer | 7. Tractor with double trailers |
| 2. Single unit truck (2 axles/6 or more tires) | 5. Truck tractor only (bobtail) | 8. Tractor with triple trailers |
| 3. Single unit truck (3 or more axles) | 6. Tractor with semi-trailer | 9. Unknown class heavy truck |
| | | 10. Any other 4-tired vehicle |

Cargo Body Type (circle one number)

- | | | |
|---------------------|-------------------|---------------------|
| 1. Bus | 4. Flatbed | 7. Auto transporter |
| 2. Van/enclosed box | 5. Dump | 8. Garbage/refuse |
| 3. Cargo tank | 6. Concrete mixer | 9. Other |

Sequence of Events

Note: for THIS vehicle - list up to four Event #1 Event #2 Event #3 Event #4

- | | | | |
|-------|------------------------|--|--------------------------------------|
| EVENT | 1. Ran Off Road | 6. Explosion or Fire | 11. Collision Involving Train |
| CODES | 2. Jackknife | 7. Separation of Units | 12. Collision Involving Pedalcycle |
| | 3. Overturn (Rollover) | 8. Collision Involving Pedestrian | 13. Collision Involving Animal |
| | 4. Downhill Runaway | 9. Collision Involving MV in Transport | 14. Collision Involving Fixed Object |
| | 5. Cargo Loss or Shift | 10. Collision Involving Parked MV | 15. Collision Involving Other Object |
| | | | 16. Other |

Signature of Reporting Officer

Officer ID

Reporting Police Agency

Date

Time